Annexure II

Form-1 Covering Letter

From							
To							
The Executive	Officer						
Kulasekharam	Town Panc	hayat					
		,					
Sir,							
Sub:	Engaging «	Outsourci	ng Age	ncy" to supply Ma	inpower to (carry out the P	ublic
	Health	works	in	Kulasekharam	Town	Panchayat	in
	Nagercoil Z				20,111	z uriena yat	***
	rugereon 2	one, ran	yakuma	iri District.			
LWe			,	Manpower agency	NGO (sers	vice society here	with
enclosing the pre-quali							
					my / our org	gamzation agen	cy to
the Kulasekharam Tov					1	4° × 4	1
				f the award is ma			
contract, we will stric			against	fraud and corru	ption in for	ce in India na	mely
"Prevention of Corrup	tion Act 1988	8".					
					Yoursfa	aithfully,	
				(A	Authorized R	Representative)	
Signature							
Date							
Full Name							
Place:							
Addres							

Annexure II

Form.2

Detailed Profile and Expenditure of the Organization

1 General Particulars of Agency

Name of the Agency	
Registered Address	
Phone No	
Email ID	
Name of the Contact Person	
Phone No. of the Contact Person	
E-mail id of the Contact Person	
Office Address	
Office / Branch in Other Status	
2. Particulars of Agency	
2. Particulars of Agency Date of Establishment of the Agency	
Date of Establishment of the Agency	
Date of Establishment of the Agency Registration No.	
Date of Establishment of the Agency Registration No. Registration Authority / Act	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No.& Validity	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No.& Validity Provident Fund Registration No.	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No.& Validity Provident Fund Registration No. Empanelment with other Govt. / Govt/	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No.& Validity Provident Fund Registration No. Empanelment with other Govt. / Govt/ undertakings	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No.8 Validity Provident Fund Registration No. Empanelment with other Govt. / Govt/ undertakings Type of the Agency	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No. Validity Provident Fund Registration No. Empanelment with other Govt. / Govt/ undertakings Type of the Agency • Society	
Date of Establishment of the Agency Registration No. Registration Authority / Act Validity of Registration Service Tax Registration No.& Validity Provident Fund Registration No. Empanelment with other Govt. / Govt/ undertakings Type of the Agency • Society • Trust	

List of Directors / Members in the Governing	
Body (Name and Contact numbers)	
Number of full time qualified staff	
Number of other staffwho are semi qualified /	
unqualified	
PAN No.	
TAN No.	
ITR	

3. Financial Particulars of the Agency

Financial Year	Turnover from Professional	Turnover from other Activities	Total Turnover	Income Tax return filed (Yes/No)
2018-2019				
2019-2020				
2020-2021				

Audited Balance Sheet

Financial Year	Audit of Balance Sheet (Yes / No)	Remarks
2018-2019		
2019-2020		
2020-2021		

Annual Report

Financial Year	(Yes / No)	Remarks
2018-2019		
2019-2020		
2020-2021		